

<b>Case Number:</b>	CM15-0220851		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	03/13/2000
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 77 year old female, who sustained an industrial-work injury on 3-13-00. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spinal stenosis. Treatment to date has included pain medication Soma, Percocet, Lidoderm patches since at least 3-2-15, cortisone injection 6-18-15, and heating pad to lumbar spine, ice, home exercise program (HEP), and other modalities. Medical records dated 10-13-15 indicate that the injured worker is for re-evaluation and complains of persistent low back pain that has increased over the past several weeks. Per the treating physician reports the work status is not noted. The physical exam reveals that the gait is mildly antalgic and she walks slightly crouched forward. There is mild tenderness of the lumbar spine with a mild spasm. The physician indicates that she is to continue with medications. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The records do not indicate least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The documentation does not indicate neuropathic pain and the documentation does not indicate failure of antidepressants or anticonvulsants. The requested services included Soma 350 mg Qty 90; Lidoderm patches Qty 30 and Percocet 5-325 mg Qty 90. The physician does not indicate concerns of abuse of the medications, intolerance or tolerance to the medications or monitoring of urine drug testing. The original Utilization review dated 10-30-15 modified the request for Soma 350 mg Qty 90 modified to Soma 350 mg Qty 45 for weaning and modified the request for Percocet 5-325 mg Qty 90 modified to Percocet 5-325 mg Qty 45 for weaning. The request for Lidoderm patches Qty 30 was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Soma 350 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** The MTUS does not recommend use of Soma, as this medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In this case, due to the chronicity of the patient's symptoms and the contraindication for use per the guidelines, the request is not medically necessary.

**Lidoderm patches Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics / SNRIs or AEDs such as gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case the chronic nature of the case brings into question the efficacy of chronic treatment. There is no considerable objective evidence of functional improvement in the provided records to support continued use of Lidoderm patches, and therefore the request for topical lidocaine at this time is not medically necessary.

**Percocet 5/325 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with

documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably encouraged appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Percocet is not medically necessary.